FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90035 032 \*\*\*158.75

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

8525 N.W. 53RD TERRACE

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 445674

1. Corporation Name

Principal Place of Business 8525 NW 53 TERRACE

STREET ADDRESS

CITY-ST-ZIP

SLATTERY ASSOCIATES, INC.

SUITE 100			STE. 100 Miami Fl. 33166		DO NOT WRITE IN THIS SPACE		
MIAMI FL 33166 US			US		3. Date Ir corporated or Qualifed		
•					03/20/1974		}
2. Principa Pla	ace of Business	2a. Mailing Address			4. FEI Number	App	ied For
21		26	26		59-1515732	Not	Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Req	uired
City & S:ate	)	City & State			6. Election Campaign Financing	\$5.00 A	lay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	•	This corporation owes the current y		
24	25 29 30			Personal Property Tax.		No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Regis	stered Agent	
CLAT	TERV CEORCE R		81	Name			}
SLATTERY, GEORGE B			82	Street Acc	dress (P.O. Box Number is Not Acceptable)		
	N.W. 53 TERR.						
STE. 100 Miami Fl 33166			83				
MIAN	11 FL 33106		84	City		FL 85 Zip C	ode
11. Pursuant t	o the provisions of Sections 607	.0502 and 607.1508, Florida Statute	s, the abov	e-named ccr	rporation submits this statement for the purp	ose of changing its r	egistered
office or re	egistered agent, or bo h, in the S	state of Florida. Such change was aubligations of, Section 607.0505, Flor	ithonzed by	tne corporat	tion's board of cirectors. I hereby accept the	appointment as reg	stered
J	· and accept the o	bligations of, Section 607.0008, Viol	ida Olalako	'.			
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable (NOT ::	Registered Age	nt signature requi	red when reinstating)	DATE	·
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 12
TITLE	PDST	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	SLATTERY, GEORGE B		1.2 NAME				
STREET ADDRESS	8525 N.W. 53 TER. #100		1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	ST-ZIP			
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	SLATTERY, LYDIA M		2.2 NAME				
STREET ADDRESS 8525 N.W. 53RD TERRSTE. 100		2.3 STREE	TADDRESS				
CITY-ST-ZIP MIAMI FL			2. 4 CITY-				
TITLE	1777 1777 7	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
			3.4. CITY-5				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	57-211		☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME		_	5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
			5.4 CITY-5	ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	<del></del>		☐ Change	Addition
NAME			6.2 NAME				_
HANNE.							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attact ment with an address, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP